



John Flynn <JFlynn@afphq.org> on 10/28/2010 06:11:56 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>
cc:

Subject: FEC Form 9

Attached please find FEC Form 9 filed on behalf of Americans for Prosperity

John Flynn
Executive Vice President and General Counsel
Americans for Prosperity
Suite 350
2111 Wilson Blvd.
Arlington, VA 22201
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FEC Form 9 - 10-28-10.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Americans for Prosperity

(b) Address (number and street)

☐ check if different than previously reported

2111 Wilson Blvd Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

☒ New
or

Amended

4. Covering Period

10 22 2010

through

10 27 2010

5. (a) Date of Public Distribution(s)

10 27 2010

(b) Communication Title

"November is Giving Rally"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No

8. Custodian of Records

(a) Name

Steve Mullins

(b) Address (number and street)

2111 Wilson Blvd, Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

Americans for Prosperity

(e) Occupation

CFO

9. Total Donations This Statement

20,890.00

10. Total Disbursements/Obligations This Statement

— 0 —

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

John Flynn

SIGNATURE

John Flynn

DATE

10/28/10

NOTE Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g

11. Person(s) Sharing/Exercising Control

A.	(a) Name	Tim Phillips		
	(b) Address (number and street)	211 Wilson Blvd, Suite 350		
	(c) City, State and ZIP Code	Arlington, VA 22201		
	(d) Name of Employer or Principal Place of Business	Americans for Prosperity		(e) Occupation President
B.	(a) Name	John Flynn		
	(b) Address (number and street)	211 Wilson Blvd, Suite 350		
	(c) City, State and ZIP Code	Arlington, VA 22201		
	(d) Name of Employer or Principal Place of Business	Americans for Prosperity		(e) Occupation Secretary/Treasurer
C.	(a) Name	Steve Mullins		
	(b) Address (number and street)	211 Wilson Blvd, Suite 350		
	(c) City, State and ZIP Code	Arlington, VA 22201		
	(d) Name of Employer or Principal Place of Business	Americans for Prosperity		(e) Occupation CFO
D.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business			(e) Occupation
E.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business			(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor <u>N/A</u> Mailing Address of Donor City State Zip	Date of Receipt Amount
B. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
SUBTOTAL of Donations This Page (optional) <u>0</u>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee Mountaintop Media <hr/> Mailing Address of Payee PO Box 578 <hr/> City Sparta, NJ State Zip Code 07871 <hr/> Name of Employer Occupation				Date of Disbursement or Obligation 48 22 2010 <hr/> Amount 3,390.00 <hr/> Communication Date 10 26 2010	
Purpose of Disbursement (Including title(s) of communication(s)) Placement of "NIC-McMahon"					
Name of Federal Candidate Mike McMahon		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee Freedom Force <hr/> Mailing Address of Payee PO Box 351 <hr/> City Perham State MN Zip Code 56573 <hr/> Name of Employer Occupation				Date of Disbursement or Obligation 10 27 2010 <hr/> Amount 17,500.00 <hr/> Communication Date 10 27 2010	
Purpose of Disbursement (Including title(s) of communication(s)) Placement of "November's Coming Rally"					
Name of Federal Candidate Earl Pomeroy		Office Sought: <input checked="" type="checkbox"/> House State: ND <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				20,890.00	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)					

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>10/28/2010</i>
<i>JB</i> PREPARER	<i>10/29/2010</i> DATE PREPARED